

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**36499**  
Do not use this space.

**1. PLACE OF BIRTH** **NOV 15 1937**  
(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **2 1008**  
(c) City **St. Louis** (d) Street No. **5856 Page Ave.** St. **1**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Emma F. M. Burt,**  
(a) Residence, No. **5856 Page Ave.,** St. **5** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Samuel H. Burt</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 7, 1840</b>				
7. AGE <b>97</b>	YEARS <b>3</b>	MONTHS <b>21</b>	DAYS <b>21</b> If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION				
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as saw mill, bank, etc. <b>At Home</b>				
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) <b>Bethel,</b> (STATE OR COUNTRY) <b>Illinois</b>				
FATHER				
13. NAME <b>Samuel Mason</b>				
14. BIRTHPLACE (CITY OR TOWN) <b>New Hampshire</b> (STATE OR COUNTRY)				
MOTHER				
15. MAIDEN NAME <b>Harriet Underwood</b>				
16. BIRTHPLACE (CITY OR TOWN) <b>Westminster</b> (STATE OR COUNTRY) <b>Vermont</b>				
17. INFORMANT <b>Mrs. Laura B. Woodward</b> (ADDRESS) <b>5856 Page Ave</b>				
18. BURIAL, <del>BY MAXIM R. ROSENKAL</del> PLACE <b>Bellefontaine</b> DATE <b>Oct 30 37</b>				
19. FUNERAL DIRECTOR <b>Wagoner Undertaking Co.</b> (ADDRESS) <b>3621 Olive St.</b>				
20. FILED <b>1937</b> 19. <b>J. J. Beredick</b> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>Oct. 28-37</b>	19 <b>37</b>
22. I HEREBY CERTIFY That I attended deceased from <b>5 Eph 1, 19.02 to Oct 28th</b> , 19 <b>37</b> I last saw h. <b>u.</b> alive on <b>Oct 27</b> , 19 <b>37</b> Death is said to have occurred on the date stated above, at <b>8 00</b> m. The principal cause of death and related causes of importance were as follows: <b>Arterio Sclerosis</b> <b>Surv. for more yrs. to my knowledge</b> Other contributory causes of importance: <b>Senility</b> <b>No definite ailment</b>	
Name of operation.....	Date of.....
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? <b>Yes</b> If so, specify <b>Phenyl Conzulsion</b> , M. D. (Signed) <b>5043 Vernon Ave.</b> (Address)	

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I, Walter King STATE

Licensed Embalmer No. 3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by:

THE

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No.

**Signed**

Licensed Embalmer No. 3563

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**